

AMOUNT \$ \_\_\_\_\_

DATE \_\_\_\_\_

STATE BOARD OF EXAMINERS OF PSYCHOLOGY  
COMMONWEALTH OF KENTUCKY  
PO BOX 1360  
FRANKFORT, KY 40602  
<http://psycho.state.ky.us/>

**PLEASE TYPE or PRINT ALL INFORMATION**

APPLICATION FOR: LICENSED PSYCHOLOGICAL ASSOCIATE ( )  
LICENSED PSYCHOLOGICAL PRACTITIONER ( )  
LICENSED PSYCHOLOGIST ( )

1. \_\_\_\_\_ 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER**  
(As You Want It To Appear On License)

3. \_\_\_\_\_  
**MAILING ADDRESS: STREET CITY STATE ZIP TELEPHONE NUMBER**  
(OFFICE) (HOME)

4. Are You a U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

5. Has your license or certification in Kentucky or any other state ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give details \_\_\_\_\_

6. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what offense? \_\_\_\_\_

7. Are you now Certified or Licensed in Kentucky? \_\_\_\_\_

8. Are you credentialed as a psychologist in any other state or province? \_\_\_\_\_ Where? \_\_\_\_\_  
Title of credential \_\_\_\_\_

9. Are you applying for Reciprocity? \_\_\_\_\_. If Yes, give full particulars of current status: \_\_\_\_\_

10. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? \_\_\_\_\_

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**APPLICANT'S AFFIDAVIT**

*I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/certification revoked by the Board.*

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_  
(Sign your name - Do not Print or Type)

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**DO NOT WRITE BELOW THIS LINE --- FOR BOARD AND OFFICE USE ONLY**

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BOARD REVIEW DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

MEMBERS \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

DATES ATT.				DATE OF GRAD.			
SCHOOL	NAME AND LOCATION	FROM	TO	MONTH	YEAR	NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
Under-Grad School							
Graduate School							

## EMPLOYMENT HISTORY

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience.

Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Name and Title of Supervisor: _____ _____	Describe Your Duties: _____ _____ _____ _____ _____
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Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____ Title of Position: _____ Name of Employer: _____ Name and Title of Supervisor: _____ _____	Describe Your Duties: _____ _____ _____ _____ _____
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## SUPPLEMENTARY INFORMATION REQUIRED

1. A check or money order made payable to the Kentucky State Treasurer for the appropriate application fees. (See *instructions for fee schedule*).
2. Three letters of reference from persons qualified to evaluate your professional ability in the specialty area(s) applied for, two of whom must be Ph.D. or Ed.D. (See *Guidelines for requirements regarding letters*)
3. Official (original seals and or signatures) of all transcripts for all levels of education pertinent to this application.